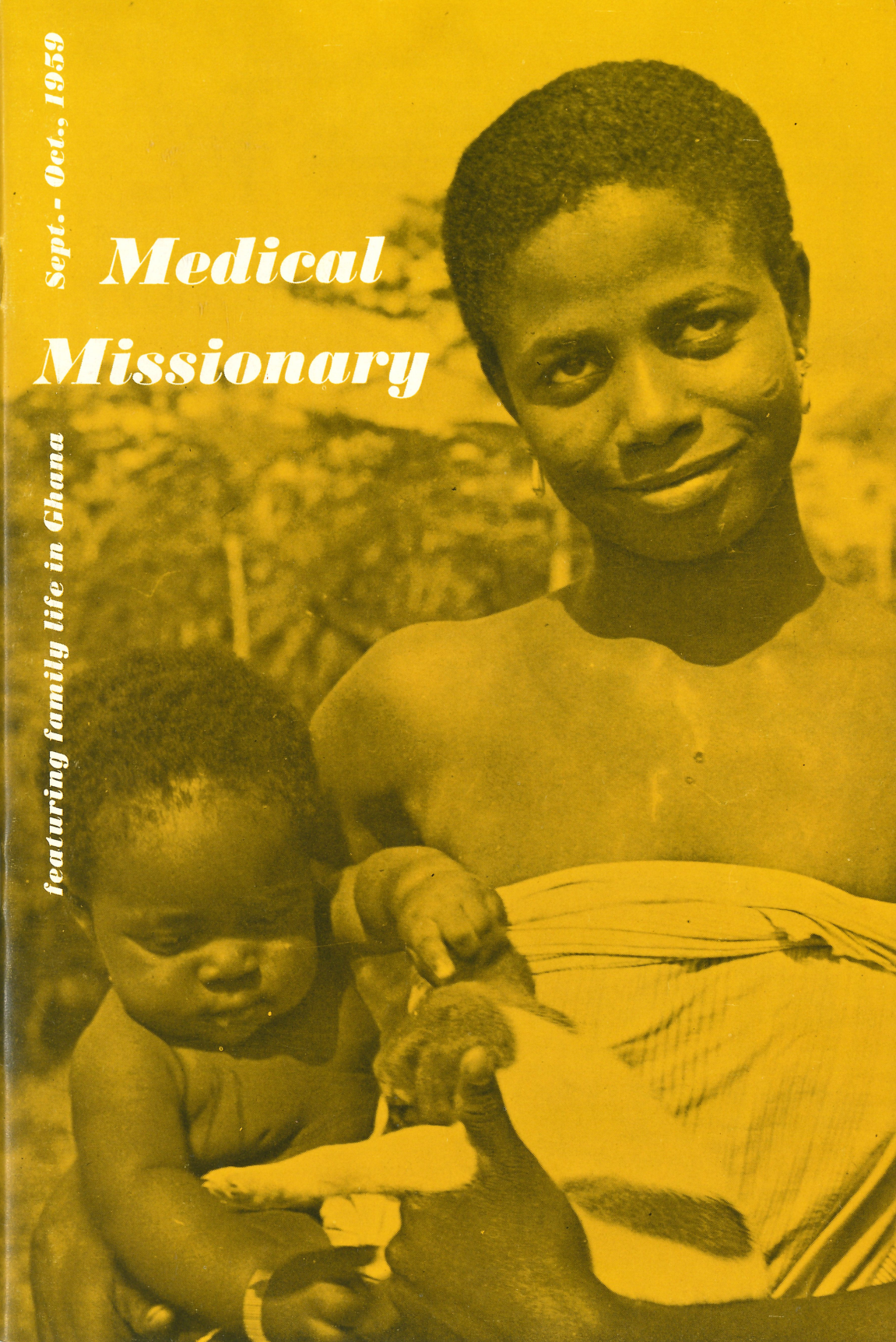
Sept.-Oct., 1959

Medical Missionary

featuring family life in Ghana



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the medical missionary

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The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Philadelphia 11, Pa.

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steps 1 2 3 4 to 5 6 7 8 papal approval

by Mother Anna Dengel

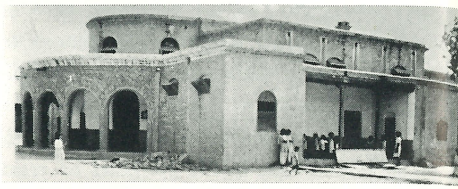
June 11, 1959, is a Red Letter Day for the Medical Mission Sisters. On that day, our Holy Father, Pope John XXIII granted the *Decretum Laudis* to the Society of Catholic Medical Missionaries. As the Society is the first ex-professo Medical Mission Sisterhood, it may be of interest to trace the steps from its erection as a PIOUS SOCIETY to Papal Approval.

The Society was founded in 1925 in Washington, D. C. by Mother Anna Dengel with the help of Reverend Michael A. Mathis, C.S.C. The remote impetus was the desire of the then, Prefect Apostolic of Kashmir and Kafiristan, Rt. Rev. Msgr. Dominic Wagenaar of Mill Hill, to establish contact with and bring medical relief to the purdah women in his Prefecture, predominantly Moslem. To illustrate the strictness of the seclusion of the women, he mentioned that in his 26 years of residence in the far north of India, he had never seen the face of a Moslem woman. Outside their homes, it was their custom to go about veiled from head to foot so as not to be seen by men except those of their household. This debarred them also from medical treatment entailing any examination by male doctors.

Having observed the valuable and welcome aid that hospitals for women and children conducted by Protestants were rendering, he decided to launch an appeal for a Catholic Hospital for women and children in Rawalpindi, the city of his residence. This came to the attention of Dr. Agnes McLaren, in whom it found a providential and effective response. She combined all the qualities and qualifications to make the project a reality. She was a doctor, public-spirited, an advocate of women's causes and mission-minded.

In 1910, one year after a small hospital had been opened, she—then 72 years old—travelled to India to study the needs and problems. The bishops she met on the way were all in favor of hospitals for women and children, but the stumbling block was the lack of staff—not so much the trained Sister-nurses who could eventually be found or trained, but it was different with Sister-doctors. The study and practice of medicine and obstetrics was not allowed to religious due to regulations to this effect dating

1 *1904. Dr. Agnes McLaren, Scottish Convert, and Msgr. Dominic Wagenaar (of Mill Hill)—Pioneers in Catholic Medical Mission Work. They realized the need and value of medical missions for women and by women. In 1910 Dr. McLaren founded St. Catherine's Hospital in his Diocese at Rawalpindi, India, (now Pakistan). Dr. McLaren died in 1913.*



St. Catherine's Hospital, Rawalpindi, which Dr. Dengel took charge of in 1920, answering Dr. McLaren's plea. 2

back for centuries (Canon 139).

Arrived in Rawalpindi, she found the hospital in a precarious state as the small lay staff including one elderly woman doctor was about to leave owing to the inevitable pioneer difficulties. To find other lay staff seemed impossible. Fortunately Dr. McLaren was able to obtain the services of the Franciscan Missionaries of Mary through the Hospital Committee she had organized in London. In this way the hospital could be kept open, but it was clear to Msgr. Wagenaar and Dr. McLaren that to achieve its purpose, a competent woman doctor dedicated to the task was needed. Considering the scarcity of Catholic women doctors early in the century, the chances to find one were slim — while there would be many religious eager and able to serve in the missions provided they had the necessary education or training. Therefore the thought that some of them would be suited and willing to study medicine was not at all far-fetched. On the contrary, it only needed permission from Rome.

Msgr. Wagenaar wholeheartedly added his written recommendation that Sisters be allowed to study medicine to that of the other Indian bishops whom Dr. McLaren had met. He knew that nobody could plead the cause better in Rome than Dr. McLaren herself. Upon reaching the Eternal City she obtained an audience with St. Pius X who gave her his blessing for the hospital in Rawalpindi in his own handwriting, and one can well imagine with what earnestness she brought the suffering of the Indian women and the need of Sister-doctors to his attention. Realizing that in Rome permissions entailing innovations,

changes and the like, must pass through many channels, she spared no steps and halted at no staircase however forbidding, to call on Cardinals and influential ecclesiastics in the interest of obtaining permission for Sisters to study medicine—and this not only once, but she repeated her quest for four consecutive years and had planned one more journey to Rome in 1913, the year of her death.

While waiting for an answer, she tried to find a Catholic lay woman doctor for Rawalpindi in Ireland and other countries, but without success. She also prepared the way, in case Rome would give permission, by asking different religious congregations whether they would be prepared to allow their Sisters to study medicine. Two communities volunteered. As no permission was forthcoming, Dr. McLaren risked another solution—namely, to accept the offer of a young lay woman, Anna Dengel, to study medicine for Rawalpindi. This was about two years before her death.

In 1920, Dr. Anna Dengel went to Rawalpindi to take charge of the hospital. It had a large out-patient department but still only 16 beds. The obstetrical cases admitted were almost all abnormal. In the absence of reliable assistance, Dr. Dengel asked the Sisters to obtain permission from their Superiors in Rome to assist. It was not granted, no doubt on the strength of existing Church regulations. Their assistance could have been helpful in the sense of intelligent cooperation and cleanliness, but one could not have given the Sisters responsibility as they were not trained for the work and they could not be trained on account of regulations. The care of mothers and babies, it was stated, was not considered suitable for virgins consecrated to Christ. From descriptions of conditions 100 years ago, one could understand.

During the four years of work in the hospital and the homes of the people, Dr. Dengel was confronted over and over again with pitiful deaths of young mothers and much unrelieved and preventable suffering. Convinced that many would help if they knew about it, she went in 1924 to America, where under post-war circumstances the most favorable response could be expected. During her year's lecture tour and subsequent events, Dr. Dengel was not disappointed in this. In the U. S. A. she met Rev. Michael A. Mathis, C.S.C., who as Superior of the Holy Cross Foreign Mission Seminary was familiar with health conditions in India. He had actually sent four lay nurses to a government hospital in India. While this experiment was not successful, not due to lack of qualities and qualifications of the nurses, but due to the lack of preparation and experience, it convinced Father Mathis of Dr. Dengel's proposal of the foundation of a Medical Mission Society along professional and religious lines under the authority of the Church.

3

1925. Foundation of the Society, Washington, D. C. First four members—Left to right: Sister M. Laetitia, R.N., Dr. Anna Dengel, Dr. Joanna Lyons, Sister Agnes Marie, R.N.

As the study and practice of medicine in its full scope was a necessary part of such a Society, it was clear from the start that it could not be a regular congregation with public vows. An acceptable form had to be found. With the help of a Canonist, the status of a *Pious Society* was decided upon with rules similar to religious communities and a mission oath instead of vows. This was approved by His Grace, Archbishop Curley of Baltimore on June 10, 1925. On September 30th of the same year, the Society of the Catholic Medical Missionaries was officially started in Washington, D. C. with two doctors and two nurses. After one year, before the first departure to the missions (Rawalpindi), the pioneer members decided to make regular vows of religion as soon as ecclesiatical authority would permit, sacrificing the privilege for the time being in the interest of charity.

In 1930 at the recommendation of His Eminence Cardinal Dougherty, Rome was petitioned for permission to make public vows. The answer received was: "Let them remain as they are."

At the Chapter held in 1932, it was decided to make private vows, which was approved. Soon afterwards a notice came from Rome with the information that a committee had been set up to study the practice of midwifery by Sisters in the missions at the request of bishops in Africa and elsewhere. The Society was asked its experiences.

The fruit of this study was the Instruction "Constans ac Sedula" of February 11, 1936, expressing the desire of the foundation of new communities for health work in the missions stating that they should be established *ad iuris communis*, that is, with public vows, and that the Sisters should secure certificates as doctors and nurses. Older communities also were encouraged to take up the work with the stipulation that no Sister be obliged by her superiors to undertake obstetrical work, but only those who are willing to accept this special charge of mission charity.

As a result of the above mentioned

4 *1932. General Chapter Delegates in Rome. Rev. Michael Mathis, C.S.C. (left). Rev. Father Sauvage, C.S.C. to the right.*

5 *1936. The Decree of Propaganda Fide put Rome's stamp of approval on Sisters studying medicine. Pope Pius XI said, "Your Society responds to my thought and desire."*

6 *1941. His Eminence Dennis Cardinal Dougherty of Philadelphia presided at the ceremony during which Public Vows were made for the first time.*

7 *1957. At the General Chapter it was decided to move the Generalate of the Society to Rome.*

"Instruction" the Society could now become a religious congregation. This was achieved on August 15, 1941, when His Eminence Dennis Cardinal Dougherty presided at the ceremony of profession when 24 Sisters made perpetual and 38 temporary public vows. On this occasion, His Eminence Cardinal Dougherty who had followed the Society with truly fatherly and practical interest from the beginning, declared that this was one of THE satisfactions of his life.

Although the Society grew only slowly in the beginning, it grew steadily and from the many requests from mission bishops for medically trained Sisters, it was evident that it filled a need. At the Chapter of 1947, the members were advised to consider application for Papal approval. The advice was followed, but the time was not yet ripe—no doubt on the part of the Society, but also it was evident Rome did not yet see fit to give Papal approval to an ex-professo Medical Mission Society engaged in every phase of medical work.

Ten years later in 1957 at the regular Chapter, it was decided to facilitate the administration of the 36 houses located in the 29 dioceses by establishing provinces and regions and transferring the Generalate to Rome. It was clear that with such a division it would be an advantage to be under Papal jurisdiction. Consequently the Chapter decided again to petition for Papal approval. It necessitated a considerable amount of work to satisfy the requirements. A petition must be addressed to the Holy Father through the Sacred Congregation of Propaganda Fide accompanied by recommendations from the bishops in whose dioceses there are houses of the Congregation; also an account must be submitted of the Society's present condition (members, discipline, property and resources), approved by the bishop of the place where the motherhouse is located, together with a copy of the constitutions and accessory writings.

All these documents are scrutinized by experts and the Constitutions are corrected if need be. The recommendations of the Sacred Congregation of Propaganda Fide must meet with the approval of the Holy Father. If they do, the Decree of Praise is published.

This grace and favor was bestowed on the Society on June 11th in the 34th year of its existence. The Decretum Laudis was received at the Generalate in Rome with deep joy and profound gratitude to God and the Holy Father. No time was lost to communicate the glad tidings to all the houses of the Society enjoining a day of special thanksgiving and rejoicing.

Although the Decree gives immediate pontifical status, it is only a temporary approval usually given for seven years, after which application may be made for final approbation. Dependence of a pontifical congregation on the Holy See is more strict. Every five years the Superior General must send an account of the condition of the whole institute signed by herself and the Councillors and the Bishop of the place where the Motherhouse is located.

The slow and step-like approval of a Community with no precedent such as the Society of Catholic Medical Missionaries shows on the one hand the concern of the Church to safeguard the religious life first and foremost. It also shows her taking into account the changing times with the progressive

THE HOLY FATHER HAS PRAISED IT.

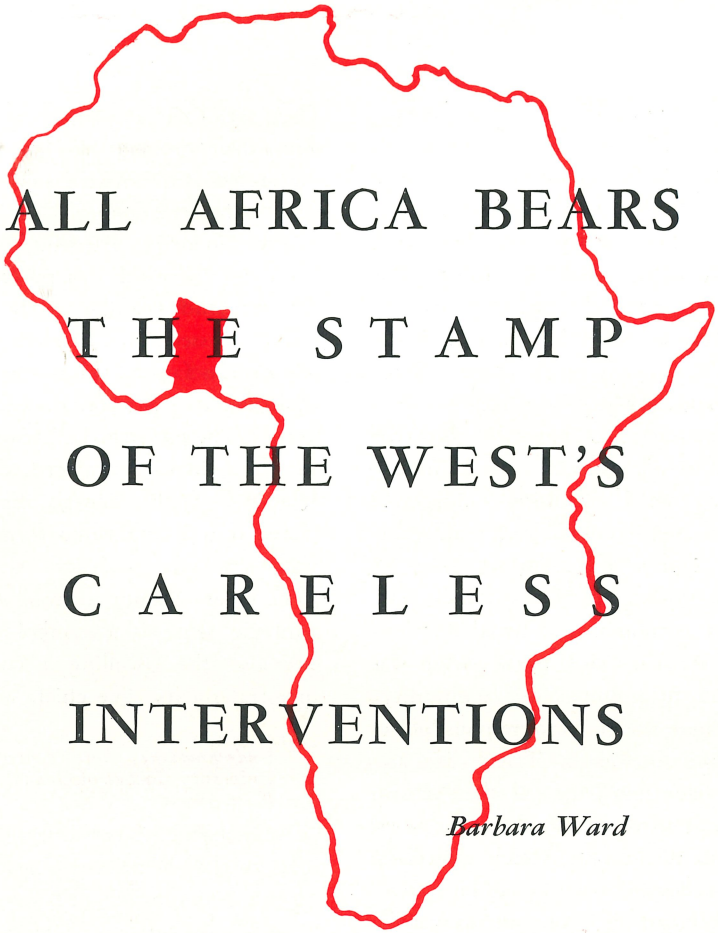
GOD WILLS IT.

Mother Anna Dengel, M.D. with the Very Rev. Edward Heston, C.S.C., talking over a point in the Decree of Praise. Rome, 1959.

social and educational development of women and the passing of medicine from a "hit and miss" stage to one of scientific practice with a moral code of ethics, making it possible to exercise it with reasonable safety and dignity.

Last but not least, a major factor no doubt in giving Mission Sisters permission to study and practice medicine is the unprecedented social awakening of large populations of the world clamoring for a share in what makes life more worthy of human beings. Surely improvement of the deplorable health conditions, a longer span of life and relief in the agonies of pain and misery in their numerous illnesses are their due. The task is enormous and urgent. The more and the better qualified representatives of the Church join with those many others already in the field, the more She can express her love and concern for suffering mankind.

In conclusion, it must be justly pointed out that not only the members of the Society but all those — and they are legion — who have been instrumental in building up the Society spiritually, educationally and materially have a share in the Decree of Praise and may it be hoped also in the trust placed in the Society to go on and forward with confidence and zeal. The Medical Mission Apostolate is teamwork for a better world. The Holy Father has praised it. God wills it.



ALL AFRICA BEARS THE STAMP OF THE WEST'S CARELESS INTERVENTIONS

Barbara Ward

on the conscience of the West

editorial

Africa, the Sleeping Giant is awake! Only a century ago, much of the interior of Africa remained an unexplored mystery. In less than 70 years, millions of Africans have made the colossal leap from the Iron age to the age of the Atom.

The breathtaking speed with which a once largely isolated country is changing its way of life is bound to have unsettling effects on its people. Nowhere is this more apparent or evident than in the new nation of Ghana, born just two years ago —the first African State, South of the Sahara to free itself from Colonial rule.

"Ghana's achievements have proven beyond all doubt, the justice of our claims to govern ourselves and control our affairs," Prime Minister Kwame Nkrumah told his nation in a radio broadcast marking the first anniversary of independence. At the same time, he exclaimed, "But much more remains to be done. We must expand and diversify our economy and raise our standard of living. We have continued to do everything in our power to hasten the economic emancipation of our country."

In these two words "economic emancipation" one can sum up almost all the overwhelming problems which face not only Mr. Nkrumah and his government in Ghana today, but those that will have to be solved by all the rest of Africa in the future. No part of Africa has escaped the force and the impact of western technology. "Economic development in Africa is on a western pattern and therefore means the progressive introduction of a money economy which requires individual initiative and responsibility," said William E. Moran Jr. speaking from his experience with U. S. assistance programs of economic and social development in Africa. Tribal organization was developed to protect the community; all decisions therein and responsibilities were communal ones. Tribal life and culture have not prepared the African for the detribalized life he now faces, and it is this factor which is having such repercussions on him and his nation.

Mr. Nkrumah's economic difficulties in Ghana today are to a great extent tribal. How can a group of some 65 diverse tribes, often hostile to one another, some still very primitive, with different languages and cultures, be knitted together into a modern nation? Ghana today is divided roughly into three main divisions: Northern Ghana, the coastal region in the South, and the strong bulwark of Ashanti in the central portion. The Ashanti have a long proud history. It was Ashanti tribesmen who fought seven wars with the British.

There are three distinct elements closely interwoven into the way of life and culture of the Ghanian that makes it difficult for him to give his allegiance to a democratic ruler, and to become part of a modern democratic state. These are: their concept of land ownership, their worship of ancestors, and the sacred and spiritual character they give to the leadership of their chiefs.

The Ghanians are chiefly farmers. For them the earth is a powerful spirit but the land belongs to the ancestors and it is passed down through the female side of the family. Thus the farmer is unwilling to sell what does not belong to him. The head of the lineage portions out the land to be farmed, but all the members of the lineage share in the fruits. It is a communal form of economy.

The chiefs occupy a Stool which in a symbolic sense is a symbol of power, but also the dwelling place for the ancestral spirits. The chiefs are in some

Undergraduates chatting after classes. University College of Ghana, West Africa.

respects the intermediaries between the people and the spirits, offering sacrifices of sheep, etc. for the well being of the tribe. Allegiance to the chief is personal, spiritual and political, also a matter of kinship. No matter where the Ghanian lives, he is still responsible to his own chief and tribe.

How will individual tribes ever be united into a single way of life, with other tribes having other ancestors . . .? How will Mr. Nkrumah ever convince them, as he hopes to, that they are Ghanians first, and only Ashanti, or Ga, or Fanti, by accident of birth?

* * *

In spite of the rapid development on the one hand, of African economy, the cost of living has risen sharply about 50% from 1948 to 1958, while wages have remained the same. The main wealth of the country comes from cocoa, but this too is presenting a problem for the future. The cocoa trees bear for about 30 years and then expire. There has been found no way to reinvest in the same soil. Within 25 years they fear, the last of Ghana's virgin soil will be under cultivation. This would be a real disaster for Ghana's economy for cocoa accounts for about 70% of Ghana's exports. If Ghana is to survive as a nation, she needs a major industry. Mr. Nkrumah's great hope for the future is the development of the Volta River Dam Project. Last June, Mr. Nkrumah sent a cabinet-level delegation to Washington to seek financial assistance from the World bank, and the U. S. leading agencies for a hydro-electric project designed primarily to supply cheap power for the production of the world's most widely used metal, aluminum.

The western nations have agreed to cooperate with Ghana in this project because they realize that if they don't, Russia will step in, and other young and independent struggling nations in Africa will follow suit, thus infecting the whole of Africa with the red virus. While this move may be considered selfish and political on the part of the West, viewing it from the Christian standpoint of helping "a brother nation in need", and more directly from the standpoint of simple justice, Ghana deserves wholehearted support in this venture. As Barbara Ward Jackson, the noted British economist and writer, who has been living in Ghana for the past few years, has so succinctly stated the case:

"*Africa is or should be on the mind and conscience of the West.* The Western powers have ploughed up the old continent in search of gold and diamonds and trade. They have destroyed the old static society. They have taken out millions of Africans and sent them across the Atlantic. All Africa bears the stamp of the West's careless greeds and interventions. If this is to be the last word, we may leave Africa as a monument to our almost purely destructive energies.

"Today, with the ending of colonial rule, a great new opportunity beckons to crown what was good in the old system and build in Africa a system worthy of the energies of free men. If we fail by default, we shall have shown that, whatever our pride and our achievement, we were not fit to be trusted with the destiny of a vast but powerless and innocent continent whose fate has lain for hundreds of years solely in our hands."

The role of the Ashanti Woman

Sr. M. Raphael, B. S. Pharm.

What is the basic pattern of family life in Ashanti? To describe practices of even a small section of this country, one hesitates, at the realization that a new nation such as Ghana has undergone sweeping changes in thought during the last several years and especially in the last two years of independence.

Old practices give way to new ones, or are uprooted in the surge of nationalism. Often, customs which have resisted the moral persuasions of Christianity will alter with economic pressure, the break-up of tribal organization or social sanctions of Western countries. Of these polygamy will eventually yield to combined influences. However, for the present it is deeply imbedded and profoundly affects the family life of the Ashanti people of Ghana.

The practice of one man having two or several wives became possible during the fierce tribal wars when all the young men of the vanquished tribe were killed by the victor and the women and children taken into captivity. Although

considered slaves, the women were well treated; they had certain privileges and eventually married with their captors.

It is curious that although this tribal warfare and village raiding have ceased for over fifty years in Ashanti, the practice could still survive in a society where the birth rate of male and female children is approximately equal.

One explanation offered is the difference in ages at which the young people marry: the girls are ready for marriage at 17-18, the young men 23-25 years of age. Thus roughly for every young man of a marriageable age, there are five times the number of young women. The fact that the Catholic Church insists on monogamy is a great stumbling block to many who would otherwise embrace the Catholic religion. "One wife! Father, God did not mean that for the Africans!" For the devout adult African Catholics, many of whom are converts, the living of their faith calls for real heroism, surrounded as they are by paganism.

Among both Christians and pagans, the role of women stands out with unique characteristics. The Ashanti are a matrilineal people, with blood relationship and inheritance traced through the mother. The mother is considered to contribute the blood (mogya) to the child, the father contributes his spirit (ntoro) but no physical qualities. Consequently all relatives on the maternal side are considered "blood" relations. Maternal cousins are all *real* brothers or sisters. On the paternal side, just plain cousins, uncles, and aunts.

I gradually became accustomed to each of our student nurses having 30-40 "real brothers" and "real sisters", and even to maternal uncles being introduced as "small father." But I was a bit shaken the day our cook boy, Kwabena Kumah, brought his mother to greet me, bearing a gracious gift of pineapple and bananas from her farm. We chatted a bit before it struck me that the previous week we grieved with Kwabena over his "mother's" death and he had three days off to attend the funeral. However, it seems the dead "mother" was a maternal aunt, and this was the mother "that borned him" who had come to greet us.

Ashanti woman in nurses training. Holy Family Hospital, Berekum, Ghana.

Even after her marriage the Ashanti woman belongs in a sense to her family. It is customary for her, when she becomes pregnant, to go and stay in her mother's village for a few months before delivery; and remain there several months after the child is born. The difficulty this would pose for normal family living can easily be seen. She can always return to her family should the marriage not be successful. In event of divorce, which among the pagans is relatively simple and not infrequent, the children remain with the mother.

The Ashanti woman has a certain amount of economic independence. She

retains possession of any property or goods she may have at the time of marmiage and in the event of her death it reverts to *her* family, not to her husband or children.

She also has independence in determining which religion she wishes to follow — this is noticeable in the towns among the educated Africans: mother, father, and children may each belong to a different Protestant denomination, depending on which schools they happen to attend. Although the father does decide the child's name and does have some prerogatives, the children are the responsibility of the mother's eldest brother, the maternal uncle. He, rather than the father, will determine and be responsible for what schooling the child is to have. And when a man dies, his property goes to his sister's children. His children will in turn inherit the property of their *wofa* (maternal uncle).

Although Ashanti marriages require the consent of the girl's parents, the mother's decision (voicing approval of the clan) is the most important. And in cross-cousin marriages (which are common) the maternal uncle makes the arrangements.

With this intermeshing of clan interests, it can be appreciated how difficult is Christian living for the Catholic African family.

If a couple is childless, the woman may be reclaimed by her family and a new match arranged. For this reason the Catholic Church insists that before couples receive the Sacrament of Matrimony, they observe a civil ceremony,

(*Continued on page* 165)

Sister M. Raphael (sitting down) with Sister M. Paula on a visit to a village home near Berekum, Ghana, West Africa

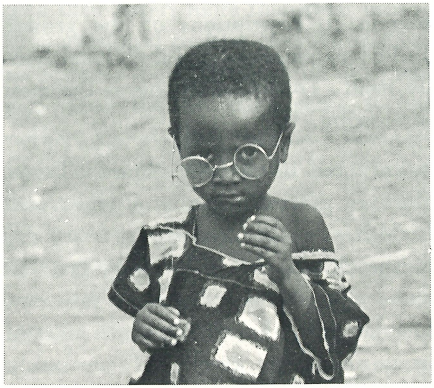
WHAT'S IN A NAME?

Sr. M. Paula, R. N.

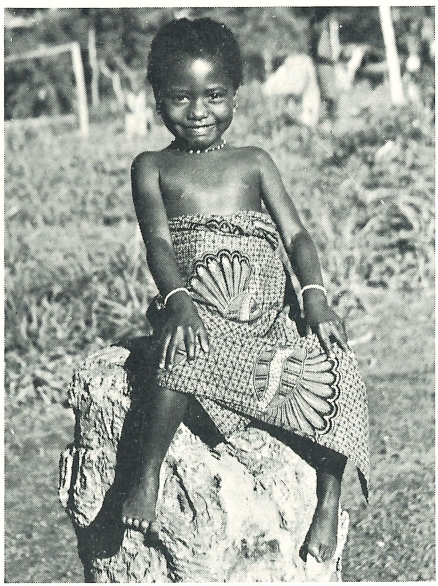
What's in a name? The Ashanti has a unique way of knowing exactly on which day of the week each child was born, and if he is two days old or twenty-two years old, Mammy can still tell you that Kofi was born on Friday. For every Ashanti baby is named according to the day of week. And so there is none of this dickering between relatives as to what name will be given to the child. It's a foregone conclusion that when Junior is born, he will be eligible for any of the masculine names of the days of the week like: Kwasi, Kwadwo, Kwabena, Kwaku, Yaw, Kofi or Kwame, starting from Sunday on through Saturday. (Kwesiada, Dwoada, Benada, Wukuada, Yawada, Fiada, Memenada, the names of days of the week.) Sally follows the same process of being named from first to last day of the week, and she has a choice of: Akosua, Adwoa, Abena, Akua, Yaa, Afia, and Amma.

Besides the calendar system of the days from which the child's first name is derived, there is the surname. The surname is utterly and totally independent of Pappy's name, and you will never find two members in the family with the same last name. The child may be named after a great national event, to commemorate it. Or a particular tribal festival peculiar to a certain season of the year, to which the family attaches great importance, may be appended to Junior or Sally's first name.

KWASI



AKUA



KOJO

In general, it is from the last name of a child that Mammy and Pappy perpetuate and pass on the history of their country, and of their own family tree, and in this way teach the little ones all about tribes in olden days. In more recent times, we hear of children with the new name of the country, "Ghana", and other events that took place with the gaining of independence. But the most common appellations are the ones that pertain to descriptions of the growth and development of the individual family itself. To my mind this is the most interesting.

Let me introduce, Amma Tawia. She's as precious as any of the sweet little African children we see every day in the clinics. You can tell by her first name that she was born on Saturday. Her last name however, tells us a bit of news about her family. *Tawia* means "child born after the first set of twins", and now we know that Mammy has had three children. As a matter of fact, Amma's twin brothers are a year and a half older than Amma, and they have an interesting background all their own. On analyzing their names, you know they were born on Thursday, *Yaw* (first name), that they are twins (Ata), and that one is the elder — *Panyin,* and the other the younger — *Kuma.* And that's how *Yaw Ata Panyin,* and *Yaw Ata Kuma* get their names. When little Ashanti twins decide to put in an appearance in this great world, a vote is cast as to who will arrive first. The one who arrives first is always called *Kuma.* According to the custom hereabouts, a runner, usually a person of lesser rank, is sent by the Chief, or another important person, to a village to announce his coming. So to *Ata Kuma*

AKOSUA

KOFI

ADWOA

YAA

falls the great and important task of announcing to the world in general and the midwife in particular, that *Ata Panyin* plans to put in an appearance. Therefore special preparations should be made to receive him in a befitting way, and it is up to *Ata Kuma* to alert everybody concerned, as only he knows how. Having spread the news by his own appearance, there is great rejoicing when *Ata Panyin* finally arrives. Even should *Ata Kuma* be larger in size, *Ata Panyin's* rank goes unchallenged, because rightfully, and according to custom he is the elder. Now we see *Amma* as a healthy girl of two years, and Mammy decides to add another *Kofi* to the family. He was born on a Friday and so is called *Kofi*. However, as do so many African newborns, little *Kofi* died a few days after birth. His parents were deeply grieved at the loss and were overjoyed when a year later another boy was born to them—this one also a Friday child. Can't you just hear Pappy exclaim, "Another *Kofi!*" Well, that is just what he is called "another Kofi", *Kofi Buo,* very practical isn't it? *Buo* means another or again, literally: Kofi who has come again. The Ashanti believe the child who died is reincarnated.

Another way of keeping their infants' names straight is by giving them last names according to succession of birth. For example the second, third, fourth, etc., all the way down the line to the tenth, would be given the Ashanti equivalent: *Manu, Mensah, Anan,* etc. up to *Badu,* tenth.

Up until *Abena Kwabina* arrived, *Amma* was the only girl, and so naturally she was very pleased to see her. *Abena* arrived during the special festival called "Kwabina" on a Tuesday morning. Kwabina is not to be mistaken for the name Kwabena which is given to boys born on Tuesday. Like most Ashanti and Brong feasts, the Kwabina feast lasts between eight to ten days, and so the family really celebrated Abena's arrival in a big way. The score now being three boys and two girls, *Amma,* now six years old, and just at the age when little girls begin to really appreciate their sisters more than their brother, is overjoyed to hear that *Akua Kraa* has joined the family. Born on Wednesday, *Akua* has the same name as her mother, who also was born on a Wednesday. This is the one time a member of the family is named after the parents; if they are born on the same day as either parent, and if the same thing has happened to the parent, that they were born on the same day as their mother or father. This is very common among the Brong tribes, but the Ashantis are not so insistent on it. The names could go on and on without their ever exhausting them even with the remarkably large, happy families that the average Ashanti Brong women rear.

And large families they do have very frequently too. Multiple pregnancies (twins and triplets), are extraordinarily common, and women very often have as many as two and three sets of twins. We have already come across the names Tawia, which is given to the child born after the third set of twins. There's also a name given to a child born after the second set of twins and that is *Nyankomago,* and a child born after the third set of twins is called *Tuakosen.* After that, you will concede, that even the Ashanti may have to consult those little name books put out by the various insurance companies.

BUSH MEDICINE

Sr. M. Gregory, M. D.

To write something on the medical needs of the average Ghana family is like trying to write a digest of the encyclopedia. The family physician as he is known by this term in the U.S.A. is not a known entity here. It cannot even be called a comparison, but the nearest equivalent to the family physician is the *fetish priest*. He is a member of the community group, knows the families, and is in turn known and respected or feared by them. In many instances the fetish priest provides a psychological outlet for the patient, who will come to the hospital for medicine but goes to the fetish priest with his conscience problems. They reason, that no Westerner could possibly understand their psychological problems, and in many cases they are correct. The mores and taboos of their tribal culture are only learned after their confidence is won, and this is a matter of years. The usual European doctor in a government hospital serves a term of two years and then is changed to another post if he does return. The stability of staff, of a hospital run by a religious community has many advantages besides this one of gaining the people's confidence. Private practitioners are few, usually concentrated in the big cities and connected with their own private clinics. For a population of five million there are only between 250 and 300 doctors so that unavoidably many areas are uncared for.

A moderate amount of physcho-physiologic illness is seen and this usually in the patient who has had more Western education than his neighbors. Conjecturing, we place the blame on the incongruity and contrast between tribal life and Westernization within the present three generations — grandfather, father, and son. What Europe has accommodated to in the course of two thousand years, the African desires and is being made to accommodate to in fifty years or less. It cannot but help produce psychologic and socio-economic upheavals. Africa is a continent in labor and what is to be born of these pangs will only be seen with time.

Sister M. Gabriela, M.D. checks a child's gums for infection. Techiman, Ghana, West Africa.

With the high infant mortality rate that exists, it is the children who are the most ill in this population. Once the age of 10 or 12 is reached, there is pretty good assurance of life from a natural standpoint. The above is also borne out by the old native beliefs concerning *newborn* children. They are considered to be fairies; that is spirits, from another world. One is supposed to show no concern over their well-being or illness; for after all they do not belong to this world until a week after birth. However, many of these beliefs are giving way to the impact of civilization and the small-fry of this generation are pampered and petted just about as much as their age mates in Europe or America. The usual childhood diseases are seen here in addition to the inventory of tropical and helminthic diseases. Smallpox vaccination is done about every two years by a group of health workers going from village to village. The triple toxoid is not given and consequently a fair amount of both pertussis and tetanus is seen. The latter in newborn infants has a fatality of 90%.

The Ashanti are a very clean people and so skin diseases are not common, however some soap allergies are seen. If one does have a rash which itches, their

reasoning is to eliminate the irritant. So, off go the clothes and some grand pneumonias are the result.

Accidents in the home are a problem here too. Burns can come from candles or kerosene lamps when placed where toddlers can get at them. Then there is hot soup and the open fire on the ground which children can and do fall into from time to time. Cuts are usually from the cutlass. The blade on this is larger than that on our butcher knives, is curved and very sharp. This delicate instrument is used for everything from peeling vegetables to chopping wood. When the cutlass meets an object, the latter usually gives way and sometimes this is a finger. Often a mother brings an infant without a finger, saying that an older sibling cut it off accidentally while they were playing. This is a double tragedy in a family, for they do not like to go to their grave with any visible part of their anatomy missing. Occasionally in a heavy storm a roof or the side of a house will cave in. Snake bites are another big hazard since many of the snakes in West Africa are poisonous and many of them arboreal in their habits.

Diet is a very exasperating problem. Most of these people have the same menu daily from two years of age until death. They reason that if something pleases the appetite and satisfies hunger there is no need for change. Much of the diet is starch with meat added according to one's income. Eggs, meat and a variety of fruits are plentiful but they are not staples in the diet. Very much could be done on this matter by way of mass education of the people.

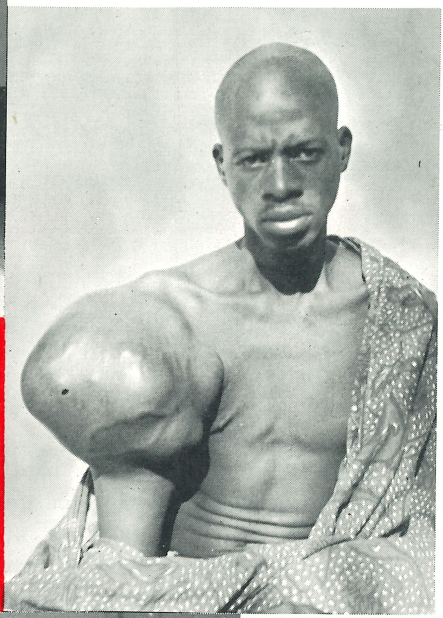
Tuberculosis is rather common. Dissemination is aided by three factors — poor aeration of the night sleeping quarters, the socially acceptable habit of spitting and eating from a common pot.

Obstetrical complications and gynecological problems are plentiful in a culture where polygamy and extramarital relations are socially acceptable. During my first year, I saw twenty ruptured ectopic pregnancies—this being 1% of our total hospital admissions. At the onset of labor, the patients customarily take from one to four cups of a native medicine which contains a heat stable oxytoccic principle. Forceful, almost tetanic contractions follow with a rapid labor and delivery. Usually the result is an obstructed labor, or worse, a ruptured uterus.

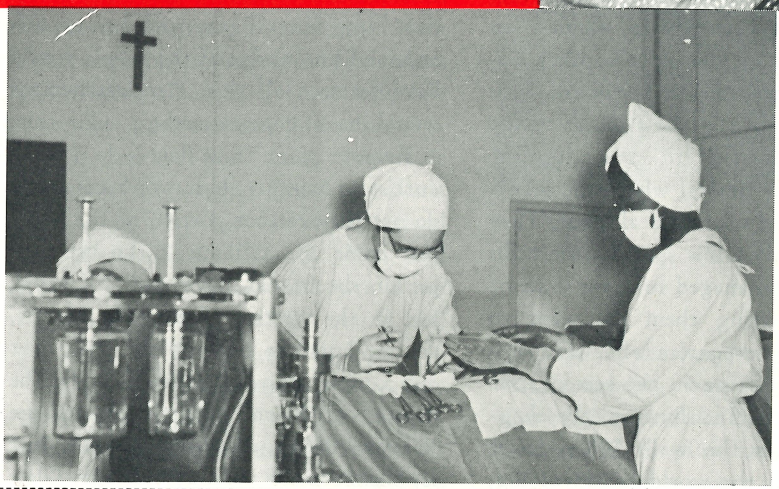
Age is a difficult thing to evaluate because while everyone knows the day of the week on which they were born —they do not know the date. So we reckon from physiologic or political constants; how many children a woman has born or with the men, which of the Ashanti wars they remember and their approximate age at the time. The tropical and parasitic diseases — malaria, yaws, sleeping sickness, leprosy, etc. are all common and more than make up for the lack of diabetes, hypertension and cardiac disease seen here.

Actually there is a certain amount of good in their native medical lore and it would be a pity to lose this while righting their public health problems. They have a keen awareness of the signs and symptoms of disease. And a willing doctor can learn from them. They make wonderful patients—confident, courteous and grateful when well, and a bit demanding when ill. I wouldn't change my post for anything! And all who are interested in bush medicine are welcome.

Sister M. Gregory, M.D. on morning rounds with Sister M. Corine, R.N. Holy Family Hospital, Berekum, Ghana, West Africa.



Young man with an inoperable tumor. Holy Family Hospital, Berekum, Ghana.



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all in a day

The laborers worked so hard, (in their own inimitable way!) in order to finish the new private block of the hospital on time. One day towards the end, Sister Paula who was directing operations, had to go to Kumasi on business—leaving one of the other Sisters in charge. Sister began to give instructions for the day's work to the men. She told two to scrape up the paint from the floors, which the painters had so freely splashed all over. They had missed only a few spots on the walls but somehow managed to cover most of the floor. Leaving them she went to check on the carpenters who were supposed to be putting in the screens. She was shocked to find him quietly chopping a hole in the wall. When Sister asked what in the world he was doing, he calmly replied that the bricklayer had made the window too small to fit his screen, so he had to make it bigger! Just then a loud noise was heard from the room where the boys were harmlessly removing paint from the floor. Sister ran in that direction and found one boy swinging a sledge hammer again and again at the floor. "STOP!" said Sister as he was about to attack the floor again, and then Kofi told her in his best Pigeon English, "Sister paint no be free to move with brush and soap. I hit him one time with this and he go out proper." Sister answered, "And so will the cement floor!" This went on all day. Now Sister Paula with her experience and knowledge of the people would have foreseen all this. Her instructions would have gone something like this: 1. Remove paint from floor—do not use cutlass or hammer. If it won't come up, do not remove that portion of the floor; just come and tell me. 2. To the carpenter she would have said, "Kwame, put in the screens. If they do not fit, do not knock a hole in the wall; just cut a little off your screen." 3. To the painters—"Do not paint the glass of the windows the same color as the wall. Just let them remain the way they are. Glass does not have to be painted." And so on.

The invitations said three, so by four, everyone was here, but Nana, the Chief. The boys from the Mission School had built an outside stage with bamboo and banana leaves. We were all seated under the nice shady banana leaves when the Chief arrived. He had said he would not come "in state" because it might be too much noise for the sick people. (As it was even the sickest were hang-

s work

Sr. M. Ronald, R. T. x-ray

ing out of the bed to watch). We expected something simple. We got a surprise. The procession formed in town and marched out to the hospital. First came the royal messenger accompanied by two men beating huge drums. Next eight small boys carrying large feathers and dancing all around. These were followed by stool carriers, pillow carriers, scepter carriers and about five more carriers whose names I didn't get! Nana accompanied by his sub-chief arrived last in a beautiful Kente cloth and crown. It took about twenty minutes for them to file in and get seated. All the while the drums kept beating.

After this the speeches began, they were given in both Twi and English, since all the African doctors and business men use English. Even Nana gave his in both languages. The program included speeches from the Chief Medical Officer of Ashanti, an African doctor, Sister Gregory, M.D., the head Catechist, the Regional Commissioner and the Chief. The student nurses sang some Negro Spirituals and the new Ghana National Anthem. This was a great success. After the speeches, Father blessed the building and Nana cut the ribbon across the entrance. The people

The Berekumhene cuts ribbon for the opening of De Porres Hall, new wing, for Holy Family Hospital, Berekum, Ghana.

then toured the hospital.

Refreshments were a real problem. You can't serve fufu and fried plantain for tea; and this plus yams and fish constitute the greater part of the Ashanti diet. After much thought and discussion it was decided to give them a "proper tea" our style. The student nurses thought the people would enjoy it. As soon as we finished we came over to the house and asked the serving crew if the people enjoyed the tea. "Enjoy it, enjoy it" said Sister Martina, "Why the Queen Mother alone had nine cups of tea and kept sending the Royal Sons in to get more cookies!"

MISSION BOOKS

Sr. M. Fabian, B. A.

BLUEPRINT OF A MISSIONARY VOCATION, by Bishop James E. Walsh. Maryknoll Publications, 1958. 135 pp. $1.00.

From its beginnings, Maryknoll has been in the front in the publishing of mission literature, biographies of missionary saints, stories of life in mission countries. One of their newest endeavors has been the World Horizon Reports series. Authoritative, well written, based on careful investigation, they are valuable studies of many aspects and areas of mission work.

Bishop Walsh's book is one of these. Coming as it does from the pen of a veteran missionary, it has double value.

Developing with clarity and sureness the theological basis for the mission vocation, Bishop Walsh explores further the special qualities and virtues needed by the missionary, the training required, and the special problems involved in a true and effective adaptation to a different country and culture.

The value of this book to missionaries, and to the Catholic public at large, can hardly be overestimated.

RAIN AND THE FEAST OF THE STARS, by Reiko Hatsumi. Houghton Mifflin, 1959. 215 pp. illus. $3.50.

Born into a wealthy Japanese family in Tokyo, Reiko Hatsumi was, at the same time, born into a dilemma, a dilemma that was affecting not only her family, but her country as well. She was the youngest of a family made up of strange contrasts. Her father, a Catholic, scholarly, advanced in his ideas, represented the movement of her country towards the West and western ways. Her mother, a Buddhist, clung to the traditional patterns of Japanese culture and mores.

Written in subdued tones, this book reminds one of the lovely line drawings of the Japanese. It is told quietly, through the recounting of separate incidents, superficially disconnected, yet which unite to form a picture of Japan, old and new, as it affects its children.

LIGHT IN THE JUNGLE; the thirty years mission of Leo and Jessie Halliwell along the Amazon, by Leo Halliwell. David McKay Co., 1959. 269 pp. illus. $4.50.

This book tells of the dedicated work of two Seventh Day Adventist missionaries who carried on a medical mission apostolate up and down the Amazon River for thirty years. Their work took them among the Indians of the river, and among Catholics who had not had the ministrations of the priest for many years. It is a book to make Catholics stop and think. Showing as it does what can be done by dedicated laymen, it should encourage more Catholic laymen to do more to help in the mission endeavor of the Church especially in Latin America.

EVERYONE GOES TO FARM

Sr. M. de Montfort, R. N.

A visit to the village gives one a bird's eye view of every day family life in Berekum. A husband who is wealthy enough to have several wives frequently will own more than one compound. In this case one wife and her family may be in one compound while the others share the second. The home is *swish* (sun-baked blocks of red clay) and is rectangular in shape. The roofing is indicative of the prosperity of the village. A village with many corrugated steel roofs usually is in the center of cocoa farms. Where thatched roofs are predominant the average income is on a

lower level. A single length of room surrounds an open area—or compound —on four sides. This compound serves as kitchen, laundry, dining room and living room. (The bulk of the laundry however is done at the village stream.) Sleeping quarters are in the rooms around the compound. One of the rooms will be used for food storage—yams, corn, and other staples grown on farms, and another may be the bath room. The usual furnishing of a bedroom in the village is only a mat which is used on the earth floor instead of a bed.

On a recent visit to the village I noticed a mosquito net hanging from the rafters and reaching the floor. The mother I was visiting told me all her children slept under this net. It is becoming more and more common to see at least one room in the compound with a bedstead, chest of drawers, and chair. This room will always belong to the *Panyin* (male elder) of the family.

The children usually remain with the mother during their earliest years but even as toddlers may grow up in the compound of a relative. It is not at all uncommon for one of our student nurses going home on holiday to tell you she will spend part of her holiday with her mother and part with her father. The reasons they divide their time between the two households are many. Elizabeth, informed me she would spend her holiday with her father. Upon further questioning the reason of her choice was revealed—she would have to go to farm if she were with her mother.

Everyone goes to farm — that is — every woman and child goes to farm. The farm can be just outside the village or it can be eight to ten miles away but the mode of transportation is always the same—on foot. Weeding on the cocoa farm and then gathering in the cocoa during the harvest is the essence of cocoa farming. It is customary for the father to allot to each child a small portion of the farm. Although the entire farm is worked on, the income from the cocoa harvested from this section will belong to the child. This money is usually used for his school expenses. The main crops other than cocoa farmed in our section are yams, cassava, plantain, ground nuts, and just about all the local vegetables. Each morning as we go to Mass we meet the women and children starting out to farm. A large woven basket on the head (which at the end of the day will be filled with firewood or food) with a cutlass sticking up out of the basket, a baby on her back and boys and girls from toddler age upward comprise the group. More and more children are being sent to school but Saturdays and holidays will find them on the farm.

Sister M. de Montfort, R.N., with a premature baby, Holy Family Hospital, Berekum, Ghana.

It is a great pity that Christianity, to many, merely means education. It is very common to ask an older person if they go to church only to be told — "No, I have never been to school." It is an apostolate in itself just to teach them that one does not have to go to school to be a Christian.

TREK
OF THE MANGO TREE

Sister M. Francis, M.D.

On the official records there is the Ashanti-Mobile Clinic trek. In talking among ourselves we refer to it usually as the Attebubu Trek taking the name of the first village we start from. To me though, it is the Trek of the Mango Tree.

The doctor of Kokofu Leprosarium besides caring for some 100 patients requiring isolation and/or hospitalization is responsible for some 4000 patients who attend the weekly clinics. There are some 60 clinics established at different villages.

Patients with leprosy can be divided into several categories depending on what form the disease takes. Here, for purposes of functioning we class them as the lepromatous type which is contagious and the non-lepromatous which are presumably not contagious or very slightly so. This is not a medical but simply a working classification. In so far as we can, we try to get the lepromatous patient to come to Kokofu where he is isolated from his family, friends and townsfolk. Some are willing, others are not. There is no compulsion. Non-lepromatous patients are treated in out-clinics and are admitted to the leprosarium for treatment of their ulcers or for other conditions.

The out-clinics are visited weekly by a Leprosy Control Assistant who has been trained for two years in leprosy work. He distributes the medicine DDS (diaminodipheyl-sulfone) enough for one week. The doctor visits these clinics at least once in two months, if possible, to check on the progress of the patients.

The trek of the Mango tree covers some 1000 miles. Getting ready for the trek is much like getting ready to go on a camping trip. We sleep in government rest-houses. These are small houses consisting of bedroom with usually two beds, a combined living and dining room and a washroom. Some are extremely comfortable, one or two remind one of St. Teresa's remark about a bad inn. I wondered if she suffered from bats—they are the worst trouble, as they rustle in the tin roofs and make the premises very dirty. Are the beds comfortable? Mostly, though at the end of the day I am too tired to be fussy. We pack the back of our car with a box of canned goods, (no store around for shopping) a kerosene stove (one burner), pots and pans (1 coffee pot, 1 sauce pan, 1 small frying pan), drinking water (and this time we will carry washing water as there is a water shortage), bedding e.g. sheets,

blankets, mosquito net, pillows. Some rest-houses provide these, others don't, a petromax lamp (known as a tilley), dishes and cutlery. It is much like a camping trip except we do it so often, it gets routine.

Our trek begins at the little village of Attebubu, which is 140 miles from Kokofu. We used to sleep there but now the rest-house is used for other purposes so we continue 20 miles further on to a village called Prang.

The rest-house in Prang is modeled on the typical village house of that northern region. It is circular and has a conical thatched roof. I wondered about the bats and the snakes but the only thing that disturbed my sleep were some noisy mice interested in the food in some of the discarded tin cans. We were up early Monday morning as there were prayers to be said, though alas no Mass—we were miles in the bush and won't have Mass until we get back home. Then there is the housekeeping—beds to be unmade and packed, breakfast to cook, dishes to wash and the whole kitchen equipment to be repacked and the car to be loaded. It takes about an hour. Our clinic is at 7:30 and we have 20 miles to ride to Attebubu so we say goodbye to Prang at 7:00.

Attebubu clinic is an ordinary one held on the outskirts of town and quite well attended. The routine is to see the patients in order, men, women, boys and girls. They will vary in ages from little ones 3-4 years old to grandfathers of 60 years or more. After taking care of the registered patients, we see new patients and decide whether or not they have leprosy. Alas, most of the time they do. Then we see patients who have been discharged to determine whether the disease has recurred or not. Only rarely do we have to re-admit a discharged patient.

Leaving Attebubu we travel a hard-top road stopping at several villages as we go. As we near the village the Land-rover carrying the leprosy control assistant toots the horn loud and long and the patients come running out along with any one else who has the time to watch the proceedings. The tablets are distributed and off we go. About 11:00 a.m. we reach Yeji and there we cross the Volta River on a ferry. There are two ferries; one is moved by being tied to a small tug-like boat. The other by the current. There is a long row of floats shaped like small row boats, about 20 of them. They are joined by a chain and the furthest one is anchored in the middle of the river. There are three chains from this flotilla attached to the ferry and by loosening one and tightening another the ferry is pulled from one shore to the other while the long line of floats makes an arc. Interesting but I really don't understand how it works. However, it worked and we were across the river almost as swiftly as if the launch had taken us.

Monday is the easiest day and we saw about 100 patients. Most of the day is spent traveling as we go to the furthest point north on our route. Monday night we stayed in Salaga and I always want to call it Salada! (Having looked at those ads for years on the street car to and from school.) It was good we got there early as the Petromax lamp had turned temperamental at Prang and spilled kerosene all over and we never did get it lit the night before. We groped around in the half light of a kerosene lantern and a couple of flashlights. So now in Salaga around 5:00

Sister M. Francis, M.D., checking for leprosy spots on a woman's back, at one of the village stations along the Mango Tree Leprosy Trek, Ashanti, Ghana.

p.m. with the day's work behind us I sat on the porch, read the directions and took Tilley apart (Tilley is the name of the English company that makes this lamp.) I really didn't do anything but find out how the lamp worked, but anyway when it was together again we had a lovely bright light!

Tuesday, around 7:00 a.m. the Landrover pulled up at the rest-house. Today we leave our comfortable Vauxhall and ride the Landrover. The road is rough and we bounce and jounce. Toot-toot goes the horn every 2-3 miles and we climb out. If the clinic is large, the driver puts up the folding table under the nearest shade tree—which is usually a big mango tree, takes out two folding campstools, out with the book and the clinic is ready. Same order as before — men, women, boys, girls, new discharges. But here in these out-of-the-way villages we often get requests for treatment of sore eyes, scabies, diarrhea, etc. So we pack along a little kit with simple remedies, and do a little general medicine on the side. We have a busy day ahead so all is done quickly, and once again we climb in the car and off we go. Jolting, bouncing, toot-toot, and there is the mango tree and the patients come running. Sometimes they are full of sweat as they race in from their fields as they hear us coming. Almost no cars go along this road so when they hear a car it is usually our Leprosy Landrover. We are back at the rest-house in Salaga at 2:00 p.m. for lunch. Then we pack the car and start for Yeji stopping at a few places as we go. We reach Yeji at sundown and on the ferry it is cool. Night falls swiftly and Tilley behaves and once more we have a bright light. Supper, chores, prayers and off to bed. Today the score was close to 200 patients.

Wednesday morning we are up in the black of night. Today's stint begins at 6:30 a.m. Sure enough 6:30 on the dot up comes the Landrover and we are off. Again we spend the day on a dusty rough road clambering in and out of the Landrover. One really learns how many muscles there are in one's legs. Today we must work quickly for tonight we will sleep in Kete-Krache and we must go 60 miles over a bad road and cross the ferry by 5:00 p.m. Even so, today we saw about 300 patients. The ride to the ferry reminded me of pictures of the old Pony Express and stage-coach dashes. We churned up as much dust and reached the ferry just in time. Unlike the Yeji ferry where there is a gently sloping road to the water's edge, here the road makes a steep incline and a sign warns that we cross the ferry at our own risk. The ferry here is pulled across the river. A steel cable stretches from one side to the other and the boatmen pull on it. This is the famous Volta River that has lately figured so much in the newspapers. We were charmed by the rustic Kete-Krache rest-house. The windows have woven grass shutters instead of windows or wooden shutters. Inside was clean and very cool. And we were hot and thirsty and tired. But the evening camp chores needed doing or we didn't eat, so . . .

Thursday, was the highlight of the trek. First of all was the Krache clinic which was a big one with about 100 patients. Then across the river. In the night it had rained in French territory and the river is up several feet so this morning we take the other road down to the ferry and are pulled swiftly to the other side. It seems today as though the driver has his hand continually on the horn. Toot-toot and there under the mango tree, in the cool of the morning, the heat of the noon-day sun, or the dusty haze of the late afternoon we find our patients. There is the same rhythm. The table goes up, the stools out and I sit in front of the big register. Kwasi, Krabena, Seidu and then the tribal names — Moshie, Busanga, Konkomba, Grushie—one gets to know them all. Examining patients, calling the dose of tablets: 1-1 or maybe 3-3 or 2-2 or 4-4. Does it sound cryptic? Take 1-1. The patient receives one tablet, puts it in his mouth and swallows it. The second tablet he puts away to take at home three days later. Most store their tickets and pills in an empty small match box. Most swallow the pills without water — even the little children. Just now water is scarce and one baby at least got his bath in the water the vegetables had been cooked in! The people are very friendly but I had no time to accept their invitations to visit. We had a long road and 300 patients to see. The sun was down before the work was done. The ride to Prang was in the peace of the evening and it was dark when we arrived. And once again Tilley misbehaved and we groped our way in the round house.

Friday we were back on a good road. The day was easy—only some 120 patients on this run. The same routine, the same smiling faces, the same vociferous shouting of the children "Bye-bye" as we drive away. That night sees us home again in Kokofu. A 1000 patients—a 1000 miles and innumerable mango trees. The trek is over. Christ welcomes us home as we hasten to greet him in the chapel we have missed all week. But He reminds us gently that He has smiled on us each day from the eyes of His leper children.

NEWS FROM OUR HOUSES

PAKISTAN

Summer Complaints

Meet Zarina, cured of extensive burns down her entire left side. She is sitting on the counter in the new pediatrics office, all dressed up in her Pakistani costume, complete with veil! Poor mite, she has been through a real ordeal. Sister M. Barbara Taggart, M.D., of Wilmington, had to do three skin grafts on her. Now she is full of fun and a regular little flirt.

Pediatrics has a busy time, especially in summer. Then the old fashioned "summer complaints" come in — one badly dried-up baby after another, limp and exhausted after days of diarrhoea and vomiting. Usually it is a hectic time with needles and oxygen, and often touch-and-go with them before they begin to make the grade. Frequently the temperature outside is the measure of the fevers inside. Cerebral malaria, typhoid, meningitis, pneumonia, — all claim victims. Even ice blocks under the fans cannot cool down these poor babies.

Sister M. Elise, M.D.
Holy Family Hospital
Rawalpindi, W. Pakistan

INDIA

Time out

The monsoon broke and we live inside the house, as if we lived outside! The roof leaks, but not too bad. Anyhow, a leaking roof is an experience, one of the many that make our lives. We are still in the old novitiate house, no moving as yet.

At the moment—the clock, the only one we have—is out for repair . . . the incensor is out for replating . . . the kerosene refrigerator is in Bombay for repairs. The process of getting them back again is another story.

First day, in the clock shop . . . "Yes, yes, come back on Thursday." Comes Thursday, Thursday becomes Saturday —Wednesday next, Sunday—. It chimes every two or three minutes . . . I walked (carrying it chiming) into our super market store here—Atlantic Stores no less! Everyone laughed. We still don't have the clock. The politics involved are another story—pay the bill, but the

In Rome. Rev. Ivan Zuzek, S.J. and his two sisters, Sister M. Agnes, M.D., and Sister M. Dominica, M.D., prepare a tape recording for their mother in Argentina.

Capping exercises, Holy Family Hospital, New Delhi, India.

clock has scratches on it, and SISTER S. SAID, either we bring it back now, or you will kindly repair the scratches without more pay, because we brought you the clock without any marks on it. All this in the pouring rain! Does the clock work? Who knows? Will the clock work? Again it is hard to say!

Sr. M. David, R.N.

Poona Novitiate, India

All's Well That Ends Well

We have only one well on the property which had supplied us with enough water when we were smaller but this year the whole of Bihar had a water shortage and it went very low. The only solution was to turn off the water several times a day and to take in less patients. Now the crisis has passed but we are digging another well which has turned out to be no easy task. We began digging at least four months ago and after the first six feet we hit solid rock so we began using dynamite. After two months of dynamite we were only 21 feet deep and no water to speak of and then the rains came! It came so hard and heavy that the whole well filled to the top and now the irony of it all is that as soon as dry weather comes it will all disappear. However, about 10 feet more digging will do it, as then we will have have hit river level.

Sr. M. Charles, B.S.N.

R. I. P. *Please pray for our benefactors recently deceased:*

Mother Mary Edmund, S.H.C.J., Philadelphia, Pa.

Sister Anna Marie, S.A., Graymoor, N. Y.

Joseph B. Bendernagel, Bellaire, L. I., N. Y.

Mr. Oscar Braband, Hempstead, L. I., N. Y.

Miss Mary Campbell, Yonkers, N. Y.

Mr. James Coyle, Atlantic City, N. J. (Father of Sr. M. Maureen, S.C.M.M.)

Mr. Walter Cupen, Trinidad, B. W. I. (Father of Sr. M. Philomena, S.C.M.M.)

Mr. and Mrs. Charles de L. Mignault, Quebec, P.Q.

Miss Marie Harmon, South Ozone, N. Y.

Mr. Simon Healy, Buffalo, N. Y. (Father of Sr. M. Isabelle, S.C.M.M.)

Mr. Emil Heidkamp, Sr., Chicago, Illinois (Father of Sr. M. Thomasina, S.C.M.M.)

Mr. Roland Marechal, Sherbrooke, P.Q.

Mr. Joseph Neumann, Floral Park, N. Y.

Mr. William O'Hare, Lanarkshire, Scotland (Father of Sr. M. Columba, S.C.M.M.)

Mrs. George Shuster, Philadelphia, Pa.

Mrs. Elizabeth Siemerman, Washington, D. C.

Mr. William Wheatley, Springfield, Pa.

Sr. M. Vincent Deegan, R.N. of Dublin, Ireland, Superior of the Maria et Estella Castellino Dispensary, Poona, India. Twenty-two years spent in India.

SPOUSE OF CHRIST 25

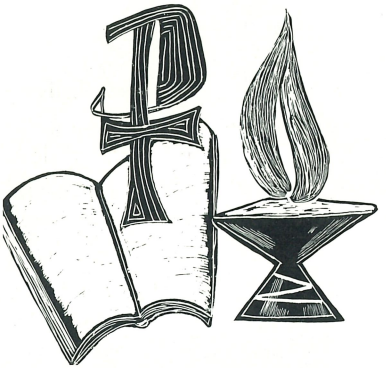
Sr. M. Katherine Labonte, R.N., of Mainz, Germany, Superior of our English Novitiate, South Shields, Co. Durham.

SILVER JUBILEES

AUGUST 15, 1959

Sr. M. Magdalen Novak, R.N., formerly of East Berlin, Germany, stationed now at Holy Family Hospital, Kodarma, India. Twenty-three years in the missions.

Sister M. Angelica McInerney, of Long Island, New York, Provincial House, Philadelphia, Editor of the Medical Missionary Magazine for the past ten years.



reception of the religious habit and profession of vows

Forty-six Medical Mission Sisters participated in Profession and Reception Ceremonies at the Provincial House in Philadelphia on August 14th and 15th.

On August 14th, His Excellency Bishop J. Carroll McCormick gave the Religious habit to 27 postulants. On the 15th, the Rev. Thomas Duffy, C.S.C. presided at the Profession ceremony and received the first Religious vows of 19 novices and final vows of one Sister.

First Vows (Philadelphia)

Sr. M. Alicia Demonteverde, B.S.N., Iloilo City, Philippines
Sr. M. Brendan Burke, B.S.N., Ft. Lauderdale, Florida
Sr. M. Columcille Armstrong, Baltimore, Md.
Sr. M. Cornelia Minoza, B.S., Diliman, Philippines
Sr. M. dePorres Slawter, Westville, N.J.
Sr. Maria Fe Sobrevega, B.S.Pharm., Iloilo, Philippines
Sr. M. Germaine Skram, St. Joseph, Mo.
Sr. M. Jogues Crouse, Buffalo, N.Y.
Sr. M. Jovita Tieso, Clinton, Iowa
Sr. M. Jude Marie Garbaccio, R.N., Upper Montclair, N.J.
Sr. M. Judith Doherty, Pilot Rock, Oregon
Sr. M. Laboure McCaffrey, Dallas, Texas
Sr. M. Marcia Groeger, Peetz, Colorado
Sr. M. Nora Gavin, R.N., Wilkes-Barre, Pa.
Sr. M. Petra Fell, B.S.N., Council Bluffs, Iowa
Sr. M. Rebecca Kinsella, Hudson, Ill.
Sr. Sheila Marie McGinnis, Troy, N.Y.
Sr. M. Stanislaus Ponewczynski, Clifton, N.J.
Sr. Thaddeus Marie Nowak, St. Louis, Mo.

Perpetual Vows

Sr. M. Gonzaga Pearsall (in Rawalpindi, W. Pakistan)
Sr. M. Pascal Volker, (in New Delhi, India)
Sr. M. Bernardine Premeaux (In Patna, India)
Sr. M. Lina Faeldonea (in Karachi, W. Pakistan)
Sr. Marie Inez Hackett (in Maracaibo, Venezuela)
Sr. M. Berchmans Klein (in Philadelphia, Pa.)
Sr. M. Genevieve Collin (in St. Louis, Mo.)
Sr. Marie Therese Toppo (in Poona, India)

The role of the Ashanti woman

(*Continued from page* 144)

that is the "head rum" be paid by the prospective groom to the girl's family. Acceptance of this wine or rum finalizes the marriage according to African custom and makes the "reclaiming" of the bride a bit more difficult for the family.

Although a couple may desire to live a Christian life, social pressures and clan claims can be almost overwhelming, in a country which is approximately three-fifths pagan.

In one town a Catholic couple was faced with the dilemma of the father, Peter Manu, inheriting a substantial cocoa farm plus the deceased relative's widow — Akua Tamea. According to custom he had to accept the whole legacy—or none at all. The relatives, mostly pagan, sat in council for days, arguing, debating and demanding. Peter must give up his silly "prejudices" and not impoverish the famly by refusing good farm land. It was quite a struggle but they finally came up with the bright (and acceptable) idea that Peter could accept the land inheritance if old Uncle Yow Boachie (recently bereaved of his wife) could marry the other half of the legacy—Akua. It was a happy solution for everyone except poor old Yow, who looked glum, but had no good excuse for not going along with the family decision. It was also a good example of the difficulties which face Catholics.

Modern medical care has an important function in helping the African bridge the difficult path from pagan to Christian living by offering the mother, antenatal care, advice, and safe delivery of her baby without unduly long absences from her home. With a long history of maternal deaths in the village, the mothers and grandmothers appreciate this advantage and willingly bring their daughters to the hospital for delivery, especially for the firstborn. Besides safeguarding both mother and infant welfare, it discourages the custom of living away from her home several months out of every two or three years.

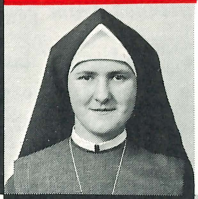
Strangely enough, polygamy is to a certain extent encouraged by the pagan women in the villages because it eases their heavy burden of manual work: farming, carrying water, cutting firewood. A second wife means the work is shared — a third or fourth wife means even greater division of labor, and the senior wife holds a place of honor in the household.

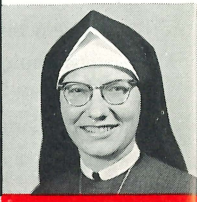
But with deepening consciousness of the Christian teachings, the pressure of economic changes, and influence of greatly increased education in the country, polygamy will gradually crumble. And it is the educated African woman who will be the one most instrumental in working that change. In the last few years the number of girls in Ghana attending primary school has increased from 43,000 to 155,700. A young educated girl, 7th wife of a chief, once said to me, "Sister, some day my husband will send away all the others and I will be his only wife." It was a wishful dream—but a dream which for her daughters—or daughter's daughter will some day come true.

Don't Forget Mission Sunday, October 18, 1959

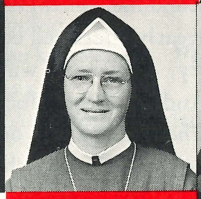
Mission Bound

West Pakistan





East Pakistan



India

Africa

South America

New Mexico

TO WEST PAKISTAN

Sr. M. Agnes Zuzek, M.D. (Ljubljana, Yugoslavia)
Sr. M. Celine Bernier, R.N, (Woonsocket, R. I.)
Sr. M. Dominica Zuzek, M.D. (Ljubljana, Yugoslavia)
Sr. M. Jane Stanchak, R.N. (Middlefield, Ohio)
Sr. M. Norine Smith (McSherrystown, Pa.)
Sr. M. Paulette Elking, B.S.Pharm. (Dayton, Ohio)
Sr. M. Regis Polcino, M.D. (Philadelphia, Pa.)
Sr. M. Stella Gootee, R.N. (Loogootee, Indiana)

TO EAST PAKISTAN

Sr. M. Columba O'Hare, S.R.N. (Lanarkshire, Scotland)
Sr. M. Rachel Poirot (Amarillo, Texas)
Sr. M. Virginia Sayers, M.D. (Toledo, Ohio)

TO INDIA

Sr. M. Deborah Arac, R.N. (North Sydney, N.S.)
Sr. M. Ita O'Connor, M.S.R. (Dublin, Ireland)
Sr. M. Raymond Dion, R.N. (Sherbrooke, Quebec, Canada)
Sr. M. Regina O'Rafferty, B.S.N. (London, England)

TO AFRICA

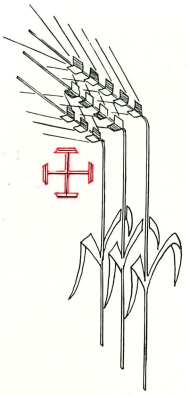
Sr. M. Muriel Von Hoene, B.S.Pharm. (Rutherford, N. J.)

TO SOUTH AMERICA

Sr. M. Janice Shea (Waterbury, Conn.)
Sr. M. Marilyn Lorentz, R.N. (Chewelan, Washington)
Sr. M. Genevieve Collin, B.S.Diet. (Montreal, Canada)

TO NEW MEXICO

Sr. M. Louise Flannery, R.N. (Pittsburgh, Pa.)



O God, Who desires that all men be saved and come to the knowledge of the truth, send, we beseech Thee, these handmaids into Thy harvest. Strengthen their weakness, with Thine abundant blessings and grant that by the fulfillment of their Vows and the observance of virtue, they may speak Thy word; by devoting their energy in the service of the sick, they may make Thee known as the Healer of Souls; by showing forth compassion, they may profess Thee as most merciful; and by proving themselves to be true followers of Jesus Christ, Thy Son, in prayer and in good works . . . .

"Departure Ceremony"

"The fields are white for the harvest." Help yourself to a share in their harvest by contributing to the cost of carrying them across. Each Sister needs $500 for her passage, to the East.

MEDICAL MISSION SISTERS PHILADELPHIA 11, PA.

I enclose $_____ to help pay the passage of one Medical Mission Sister to her mission post.

My name _____

Street _____

City _____ Zone _____ State _____

He who helps a missionary, receives the reward of a missionary.

through the missionscope

THE WORLD REFUGEE YEAR

Sr. M. Loyola, B. A.

The free nations of the world have gradually come up with solutions to many of the problems remaining in their midst as an aftermath of the world war. However, there remains a segment of the European population which no amount of reconstruction, no number of round-table discussions to alleviate social pressures, no international pooling of wealth can affect. The refugees are in no position to benefit from world-improvement until they regain the status of free citizens, and their sense of human dignity. This dignity rests so firmly on the ability to assume normal responsibilities and burdens in a dynamic community that the obvious solution is resettling.

The problem has already received much consideration: nearly 1,900,000 refugees from Eastern Europe, not counting the Germans and other "ethnic" groups have been firmly established in various countries of the West. (The Tablet, London, May 30, 1959). "170,000 Hungarians were also successfully resettled in the free world within eight months of the Hungarian rebellion of 1956. The aim of the World Refugee Year is a complete working out of the situation in which those who constitute the "hard core" of European refugees (most of them having fled from Communist-dominated countries) are living. Many of these people, through years of disuse and vegetating in camps, have need of rehabilitation; health is impaired, mental illnesses have developed, a general apathy has set in.

"With a view to arousing lethargic U.S. opinion and to nudging Congress into action, the Zelberbach Commission of European Refugees established by private funds in 1957 has just issued an exhaustive report. It is little realized by the U.S. public that the emergency act under which refugees were admitted has elapsed. Consequently refugees can come in only under the quota system. The trickle allowed in that category cannot enable the U.S. to play its proper role in the problem's solution. Hence the Commission recommends the admission of 50,000 refugees in the next two years, which would take care of 25% of the homeless."

The unrest caused by uprooting is by no means limited to the West. Msgr. Joseph Hartnett, Far East Director of Catholic Relief Services, urging world-wide cooperation during the World Refugee Year, disclosed the following figures: In Hong Kong, one person out of every three is a refugee; in Korea, one out of four; in Pakistan, one out of eleven; and in Vietnam, one out of twelve. Msgr. Hartnett deplored the existence of a refugee "class" or "status" and attributed it to the fact that society treats a person who flees his homeland as a legal nonentity. "Freedom of movement for refugees," he stated, "must be guaranteed by a document acceptable in all free nations." Also "the right of asylum must be recognized to permit the law-abiding to gain protection of the laws of civilized nations."

Pope John XXIII has joined the chorus and given his support to the year's plans by contributing funds to the United Nations refugee program and by planning a vast diplomatic movement to encourage various nations to increase their efforts on behalf of the refugees.

There are now about one and a half million people under the mandate of the U.N. High Commissioner for Refugees. Their plight is a responsibility for Christianity as well as for the international world. The Church must share in this opening of the heart to a drifting portion of humanity.

WOMANHOOD RISING IN EVERY RACE AND NATION FINDS ITS OWN IMAGE AND THE MEANING OF ITS BEING IN
MARY

digging deep

. . . but not foundations any more. Thanks to you, OUR NOVITIATE IS BUILT!—Not completely of course; there are still a thousand and one things to be done before the "big move", but we will be digging for a long, long time yet, we warn you!—for gold, or oil, buried treasure, or something, (perhaps you can guess what)—to help pay the ENORMOUS bills. Please, please, help us "out of the hole."

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $_____ towards your new novitiate building.

NAME _____

ADDRESS _____

CITY _____ ZONE____ STATE_____